**APPLICATION FOR INTERNSHIP**

** SOCIAL WORK PROGRAM**

**DEPARTMENT OF HUMAN RESOURCES**

**EAST CENTRAL UNIVERSITY**

This completed application initiates the internship planning process in the semester prior to the internship semester.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | ECU ID# |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mailing Address |       | Home Phone |         |       |
|  Street or P.O. Box |
|       |       |       |
| City | State | Zip |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ECU E-Mail Address: |       | Cell Phone |       |       |
| Personal E-Mail Address: |       |  |  |  |

|  |  |
| --- | --- |
| Anticipated Semester of Internship – (Check One) [ ]  Fall [ ]  Spring |       |
|  | (Year) |

***ATTACH UNOFFICIAL COPY OF CURRENT TRANSCRIPT***

|  |
| --- |
| **Is current degree check attached to application?** [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| Social Work Advisor |       |

Student is requesting a spilt placement? [ ]  Yes [ ]  No

Student is currently enrolled in CWPEP? [ ]  Yes [ ]  No

|  |
| --- |
| Will all course requirements (except Internship and the Integrative Seminar) for the Social Work major  |
| be completed at the end of the current semester? [ ]  Yes [ ]  No  |
| Minor |       |

|  |
| --- |
| Will minor requirements be fulfilled after this current semester? [ ]  Yes [ ]  No  |
|  |

Insofar as possible and feasible, the Program will attempt to accommodate the student’s first, second, or third choice of field of practice (e.g., aging, child welfare, hospice, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| 1st choice |       | Geographic Location |       |

|  |  |  |  |
| --- | --- | --- | --- |
| 2nd choice |       | Geographic Location |       |

|  |  |  |  |
| --- | --- | --- | --- |
| 3rd choice |       | Geographic Location |       |

|  |
| --- |
| Other related information (any special circumstances that would influence your placement e.g., mental health wellness, family obligations, criminal history, medications, etc.)      |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Signature |       | Date |       |

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|  |  |
| --- | --- |
| Date application and degree check received |       |

|  |  |
| --- | --- |
| Number of hours completed at end of current term |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Retention G.P.A. |       | Program G.P.A. |       | “C” Requirement met? Yes | [ ]  | No | [ ]  |

Completion of all required courses: [ ]  Yes [ ]  No

Recommendation for Internship by Social Work faculty:

[ ]  Approved [ ]  Approved with concerns [ ]  Denied

|  |  |
| --- | --- |
| Faculty concerns:  |       |
| Reason for denial: |       |

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|  |  |
| --- | --- |
| Meeting with Applicant: |       |
| Any special circumstance that would influence the internship placement? | [ ]  Yes | [ ]  No |
| Plan for Addressing:      |
| Student Performance Issues Identified by Faculty and Discussed | [ ]  Yes | [ ]  No |
| If yes, what is the nature of the issues of concern?       |
| Plan for addressing Performance Issues:       |

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| --- |
| **Meeting of Social Work Faculty for formal consideration of the application.** |

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| --- | --- | --- | --- |
| Application Approved |       | Application Denied: |       |
| Decision Date: |       | Date Letter Sent: |       |
| Copy to Student |  | Date |       |